

REQUEST FOR LISTING BY THE  
NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE  
AS ACCEPTABLE SURETY FOR PROVISION OF BONDS  
ON PUBLIC CONTRACTS PURSUANT TO P.L. 1995, C. 384

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

COMPANY NAIC NUMBER \_\_\_\_\_

GROUP NAME \_\_\_\_\_

GROUP NAIC NUMBER \_\_\_\_\_

I, \_\_\_\_\_, hereby file this certification on behalf of  
(Name and Title)

\_\_\_\_\_ in connection with this company's application  
(Name of Surety)

to be listed by the New Jersey Department of Banking and Insurance for purposes of providing payment and performance bonds pursuant to P.L. 1995, c.384. I further certify that I am authorized to execute this certified statement on behalf of \_\_\_\_\_.  
(Name of Surety)

**PART I**

1. The above-referenced surety is listed in the most recent United States Treasury Circular 570 issued July 1 of each year.

YES \_\_\_\_\_ NO \_\_\_\_\_

If **YES**, go to Part III; if **NO**, complete Part II

## PART II

1. The above-referenced surety is currently licensed to transact business in the following jurisdictions for the following lines:

<u>Jurisdiction</u>	<u>Line</u>
_____	_____
_____	_____
_____	_____

(Attach additional sheets, if necessary)

2. The above-referenced surety's capital and surplus or net cash assets, as of December 31 immediately preceding are \$ \_\_\_\_\_, as reported in the statutory annual statement for that year. This amount satisfies the statutorily prescribed minimum capital and surplus or net cash asset requirements for all lines of insurance that the surety is authorized to write pursuant to the certificate of authority issued by its domiciliary jurisdiction and all states in which it is licensed to transact business.

YES \_\_\_\_\_ NO \_\_\_\_\_

3. The above-referenced surety has been found to be in a hazardous financial condition by the Commissioner, its domiciliary jurisdiction, or any jurisdiction in which it is licensed, as determined pursuant to N.J.A.C. 11:2-27 or such other equivalent requirements in other jurisdictions in which the surety is licensed.

YES \_\_\_\_\_ NO \_\_\_\_\_

If **YES**, indicate jurisdiction(s) and details regarding such finding below.

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4. The above-referenced surety's premium to surplus ratio as of December 31 immediately preceding is \_\_\_\_\_ and loss and loss adjustment expense reserve liability to surplus ratio for that period is \_\_\_\_\_, as reported in the statutory annual statement for that period.

5. The above-referenced surety has failed four or more IRIS tests.

YES \_\_\_\_\_ NO \_\_\_\_\_

If **YES**, provide an explanation that demonstrates that such results are not indicative that the surety is in a hazardous financial condition.

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### **PART III**

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_,  
I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief. I further certify that I am aware that the New Jersey Department of Banking and Insurance will rely on this certification in connection with its determination whether the surety satisfies the requirements set forth in N.J.A.C. 11:1-41 for purposes of providing payment and performance bonds pursuant to P.L. 1995, c. 384.

I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

\_\_\_\_\_  
Signature of Affiant

Send to:

New Jersey Department of Banking and Insurance  
Attn: Margaret Shaw  
P.O. Box 325  
Trenton, NJ 08625-0325